

beaches suzuki school of music

Home Office: 205-897 Sheppard Ave. West, Toronto, ON M3H 2T4 416 726 5729

APPLICATION FORM

Date _____ Instrument _____

Name of Student _____ Date of Birth _____ M/D/Y
_____/____/____

Suzuki Parent(s) _____

Address _____ City _____ Code _____

Telephone () _____ (B) Telephone () _____

Fax _____ Cell. Phone _____ Email _____

List 3 Preferred Lesson Times (please circle the weekday)

*Piano lessons are offered on Mon and Wed only
*Violin lessons only are offered on Sat. as well.

MON TUES WED THUR SAT

MON TUES WED THUR SAT

MON TUES WED THUR SAT

Lesson Duration (please circle) 15 minute 30 minute 45 minute 60 minute

Hobbies _____

Academic Level _____ School _____

School Hours _____ Does the school have a music program? _____

If so, what kind? _____

Comments: _____

Registration Fee: \$50 per student and \$30 for Siblings. Please make cheque out to:

Beaches Suzuki School of Music

Cheques may be mailed to the above listed office address. Thank you!

FOR SCHOOL USE ONLY:

Date of Reg. Fee _____ Amount _____ Cash/Cheque _____